

VOLLEYBALL CLINIC

Sponsored by the City of Huntsville Parks & Recreation

WHERE: Max Luther Community Center

WHEN: JUNE 15 -16, 2015

TIME: 5::30 PM -7 PM

FEE: FREE

AGES: 10-14

INSTRUCTOR: ROSE POWELL -RCVC



FOR MORE INFORMATION PLEASE CALL: 256-427-5780 OR EMAIL

Maxlut.prog@huntsvilleal.gov



Detach here

VOLLEYBALL CLINIC

NAME: _____

ADDRESS: _____ CITY & ST: _____ ZIP: _____

TELEPHONE: _____ M__F__ AGE: _____ YEARS OF EXPERIENCE _____

ARE YOU UNDER A DOCTORS' CARE OR TAKING MEDICATION? __Y__N

IF YES, PLEASE EXPLAIN _____

CONTACT PERSON (IN CASE OF EMERGENCY): _____ TELEPHONE: _____

In consideration of your accepting my entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the City of Huntsville and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by the department.

Signature: _____ Date: _____